



THE MUNICIPAL COURT OF ATLANTA
REQUEST FOR PARKING PAYMENT REFUND

AFFIDAVIT of: _____
(Print Name)

I received a collection notice for an unpaid parking ticket from LDC dated August 28, 2006. Based on that notice, I paid the parking ticket. I am requesting a refund of the payment I made for that parking ticket.

Ticket Number Date ticket was issued

Tag Number \$ Amount paid

Reason I am not responsible for the ticket

Please send payment to:

Name

Address

City State Zip

I hereby state the above information is true and correct. I understand the information I provide is subject to verification. I understand that providing false or misleading information is a crime under the laws of the State of Georgia and that I may be prosecuted for such crimes.

Dated this _____ day of _____, 2006.

Defendant (signed)

You must complete all fields and sign. Fax or mail to
Municipal Court of Atlanta
150 Garnett St SW
Atlanta, GA 30303
Fax 404 658.7363